
State:	Arkansas	Filing Company:	First Catholic Slovak Ladies Association of the United States of America
TOI/Sub-TOI:	L07I Individual Life - Whole/L07I.111 Single Premium - Single Life		
Product Name:	FCSLASPWI0412		
Project Name/Number:	FCSLASPWI0412/		

Filing at a Glance

Company:	First Catholic Slovak Ladies Association of the United States of America
Product Name:	FCSLASPWI0412
State:	Arkansas
TOI:	L07I Individual Life - Whole
Sub-TOI:	L07I.111 Single Premium - Single Life
Filing Type:	Form
Date Submitted:	08/23/2012
SERFF Tr Num:	BBLB-128656063
SERFF Status:	Closed-Approved-Closed
State Tr Num:	
State Status:	Approved-Closed
Co Tr Num:	FCSLASPWL0412
Implementation	On Approval
Date Requested:	
Author(s):	Beth Pestka, Denise Martin
Reviewer(s):	Linda Bird (primary)
Disposition Date:	08/29/2012
Disposition Status:	Approved-Closed
Implementation Date:	

State Filing Description:

State: Arkansas **Filing Company:** First Catholic Slovak Ladies Association of the United States of America

TOI/Sub-TOI: L07I Individual Life - Whole/L07I.111 Single Premium - Single Life

Product Name: FCSLASPWI0412

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General Information

Project Name: FCSLASPWI0412 Status of Filing in Domicile:
Project Number: Date Approved in Domicile:
Requested Filing Mode: Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type:
Overall Rate Impact: Filing Status Changed: 08/29/2012
State Status Changed: 08/29/2012
Deemer Date: Created By: Denise Martin
Submitted By: Denise Martin Corresponding Filing Tracking Number:

Filing Description:

RE: FIRST CATHOLIC SLOVAK LADIES ASSOCIATION
OF THE UNITED STATES OF AMERICA, NAIC, 56332, FEIN 34-0220540
Form: SPWL0412, Whole Life Insurance Contract Single Premium
Form: SPWL0412-Ad, Cash Value Page 4 for Adult Issues
Form: SPWL0412-Ju, Cash Value Page 4 for Juvenile Issues

On behalf of our client, we enclose the above forms for review and approval. The forms are in final print as will be used for issue.

The referenced forms replace Form 01-SPWL-05.

Issue ages are 0 through 95.

Form SPWL0412 is a single premium whole life to age 121 contract. This Form will have an adult insert cash value page 4 and a juvenile insert cash value page 4.

Form SPWL0412-Ad will be used when the contract is issued to an insured age 16 through 95, and is smoker/nonsmoker distinct. This page 4 is enclosed as a separate Form for review and approval.

Form SPWL0412-Ju will be used when the contract is issued to an insured age 0 through 15 and is not smoker/nonsmoker distinct and uses composite mortality tables as the bases for cash values and reserves. This page 4 is enclosed as a separate Form for review and approval.

Variable material is bracketed and a Statement of Variability is attached.

The forms contain no unusual provisions.

The minimum issue amount for the contract is \$2,000. There is no established maximum other than underwriting qualification.

The contracts will be sold to members of the Association on an individual basis by agents for the Association. There will be no restriction placed on sale of the contracts by any agent. Commissions will be paid on premiums received in accordance with the Association's agreements with its agents. The Association's current underwriting rules and reinsurer, as needed, will be used for this contract.

State: Arkansas **Filing Company:** First Catholic Slovak Ladies Association of the United States of America

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Product Name: FCSLASPWL0412

Project Name/Number: FCSLASPWL0412/

Life insurance application From No. APP-2005-AR approved 10-6-2008 will be used with the referenced life insurance contract. An informational copy of the application is enclosed.

The referenced Forms will be illustrated. Any required sales illustration certification will be filed, as necessary, with the State Insurance Department before marketing the Forms with illustrations.

In addition to the referenced forms, we also enclose:

1. Authorization to file for the Society.
2. An actuarial demonstration.
3. Readability Certification for each form.
4. Statement of Variability.
5. Informational copy of life insurance application Form No. App-2005-AR.
6. Certification of Compliance with Arkansas Code 23-79-138 and Bulletin 6-87 and 11-88.
7. Certification regarding Rule 19.
8. Fee \$150 (3 forms at \$50 each)

Company and Contact

Filing Contact Information

Jerry Alexander, FLMI jalexander@babco.us.com
916 Sherwood Drive 888-278-2310 [Phone]
Lake Bluff, IL 60044 847-295-6206 [FAX]

Filing Company Information

(This filing was made by a third party - bab01)

First Catholic Slovak Ladies Association of the United States of America	CoCode: 56332	State of Domicile: Ohio
24950 Chagrin Blvd	Group Code:	Company Type: Fraternal
Beachwood, OH 44122	Group Name:	Benefit Society
(800) 464-4642 ext. [Phone]	FEIN Number: 34-0220540	State ID Number:

Filing Fees

Fee Required?	Yes
Fee Amount:	\$150.00
Retaliatory?	No
Fee Explanation:	3 forms @ \$50/each
Per Company:	No

Company	Amount	Date Processed	Transaction #
First Catholic Slovak Ladies Association of the United States of America	\$150.00	08/23/2012	61943211

SERFF Tracking #:	BBLB-128656063	State Tracking #:		Company Tracking #:	FCSLASPWL0412
State:	Arkansas	Filing Company:	First Catholic Slovak Ladies Association of the United States of America		
TOI/Sub-TOI:	L07I Individual Life - Whole/L07I.111 Single Premium - Single Life				
Product Name:	FCSLASPWI0412				
Project Name/Number:	FCSLASPWI0412/				

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/29/2012	08/29/2012

State:	Arkansas	Filing Company:	First Catholic Slovak Ladies Association of the United States of America
TOI/Sub-TOI:	L07I Individual Life - Whole/L07I.111 Single Premium - Single Life		
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Disposition

Disposition Date: 08/29/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Life & Annuity - Acturial Memo		No
Supporting Document	Authorization to file		Yes
Supporting Document	Statement of Variability		Yes
Supporting Document	Certification of Compliance w/AR Code 23-79-138		Yes
Supporting Document	Certification of Compliance with Bulletins 6-78 & 11-88		Yes
Form	SPWL0412		Yes
Form	SPWL0412-Ad		Yes
Form	SPWL0412-Ju		Yes

State:	Arkansas	Filing Company:	First Catholic Slovak Ladies Association of the United States of America
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TOI/Sub-TOI: L07I Individual Life - Whole/L07I.111 Single Premium - Single Life

Product Name: FCSLASPWL0412

Project Name/Number: FCSLASPWL0412/

Form Schedule

Lead Form Number: SPWL0412							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1		SPWL0412	POL	SPWL0412	Initial:	62.751	FCSLA SPWL0412 final.pdf
2		SPWL0412-Ad	POLA	SPWL0412-Ad	Initial:	70.559	SPWL0412-Ad.PDF
3		SPWP0412-Ju	POLA	SPWL0412-Ju	Initial:	70.559	SPWL0412-Ju.PDF

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

First **Catholic** Slovak
Ladies **Association**
of the United States of America



A Fraternal Benefit Society – Since 1892
[24950 Chagrin Boulevard, Beachwood Ohio 44122]
[Telephone: (216) 464-8015]
[www.fcsla.org]

We, The First Catholic Slovak Ladies Association, will pay a Death Benefit to the Beneficiary upon Our receipt of due proof that the death of the Insured occurred while this contract was in force. Payment of death benefit will be as provided in this contract.

Signed for The First Catholic Slovak Ladies Association of the United States of America at its Home Office on the contract Date of Issue by:

[*Sue Ann M. Leick*]

Secretary

Cynthia M. Maleski

President

LEGAL CONTRACT. This contract is a legal contract between You and Us. The rights and obligations of each are set forth in it. We have issued this contract in consideration of: (a) the Application; and (b) payment of the single premium shown on page 3.

READ YOUR CONTRACT CAREFULLY. A Table of Contents to the contents of this contract is included on page 2. We have issued this contract in the belief that the information shown in the Application is correct and complete. The above telephone number may be used to obtain:

1. information about this contract; or
2. assistance in resolving any complaint.

RIGHT TO CANCEL. We want You to be satisfied with Your contract. If not, You may return it for cancellation before midnight of the 30th day from the date of its receipt. You may return this contract to:

1. Us, at the address shown above; or
2. Our authorized agent.

Return by mail is effective on being postmarked, properly addressed, with prepaid postage. We will return all amounts paid for this contract in not more than 10 days from the date of its receipt by us. Cancellation will void this contract as if it had not been issued.

WHOLE LIFE INSURANCE CONTRACT
SINGLE PREMIUM

Death Benefit in the event of the death of the Insured while this contract is in force.
Schedule of Benefits and Premiums and Maturity Date on page 3.
Participating.

TABLE OF CONTENTS

Cash Value	6	Rights, Privileges and Responsibilities	7
Death Benefit.....	5	Schedule.....	3
Definitions.....	2	Table of Cash Values	4
Dividends	5	The Contract	6
Loans	6		

A copy of the Application and any Amendment or Endorsement are attached to page 9.

DEFINITIONS

AGE. The Insured's Age on the Date of Issue is shown on page 3. Age, during any contract year, is the Insured's age nearest birthday on the Anniversary of the date of issue of the contract.

ANNIVERSARY. The same month and day, in each year after the first, as that for the Date of Issue.

APPLICATION. The forms We received that resulted in the issue of this contract.

BENEFICIARY. On the Date of Issue, the Beneficiary will be as stated in the Application. You may change the Beneficiary as provided in this contract. If no Beneficiary is named or surviving, the Insured's estate will be the Beneficiary.

DATE OF ISSUE. The Date of Issue is the effective date for this contract. Contract years and Anniversaries are measured from the Date of Issue.

DEBT, LOAN. Any unpaid or outstanding contract Loan including interest.

INSURED. The person named as such in the Application and on page 3.

NOTICE. A written form which: (a) You have dated and signed; and (b) We have received at Our Home Office at 24950 Chagrin Blvd. Beachwood, OH 44122. Please include the name of the Insured and the contract number in all correspondence to Us.

WE, US, OUR. The First Catholic Slovak Ladies Association of the United States of America, a Fraternal Benefit Society, which: (a) is organized under the laws of the State of Ohio; (b) has no capital stock and is not for profit; (c) has a representative form of government; and, (d) functions for the benefit of its members and their beneficiaries.

YOU, YOUR. The owner of this contract. The owner may exercise the rights and options in this contract; unless, such rights or options have been reserved by assignment. On the Date of Issue, the owner will be as shown in the Application; if an owner is not shown, the Insured will be the owner. You may change the owner as provided in this contract.

SCHEDULE

ADDITIONAL BENEFITS

Form No. SPWL0412	Description of Benefit Whole Life Insurance	Single Premium Payable [\$506.00]
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Beneficiary: [Jane Doe]

Insurance Department: [Ohio]
Insurance Department Telephone Number: [614-644-2651]

INSURED:	[John Doe]	CONTRACT NUMBER:	[Sample]
AGE/SEX:	[35/Male]	FACE AMOUNT:	[\$2,000.00]
PREMIUM CLASS:	[Standard Nonsmoker]	DATE OF ISSUE:	[April 15, 2012]
SINGLE PREMIUM:	[\$506.00]	MATURITY DATE:	[April 15, 2098]
BRANCH No.:	[0001]	BRANCH LOCATION:	[Cleveland, Ohio]

Dividends are not guaranteed.

This contract will mature on the Maturity Date shown above. The Insured must be then living and this contract must be then in force. We will pay the maturity value to You. The maturity value will be: (a) the then Face Amount of insurance; plus (b) any then dividend additions or accumulation; less (c) any Debt.

DEATH BENEFIT

PAYMENT. We will pay the Death Benefit in one lump sum payment, from Our Home Office, in not more than 30 days from the date We receive:

1. due proof the death of the Insured occurred while this contract was in force;
2. a statement of claim from the Beneficiary; and
3. this contract.

The amount paid will be:

1. the Face Amount of insurance then in force; plus
2. any dividend additions or accumulation; less
3. any Debt.

Payment will be in equal shares when the designation of Beneficiary does not state the share of two or more Beneficiaries. To the extent permitted by law, payment will not be subject to the claims of creditors.

INTEREST. We will add interest to the Death Benefit from the date of the Insured's death to the date of payment. Interest shall accrue at the Two Year Treasury Constant Maturity Rate in effect on the date of death as published by the Federal Reserve.

SUICIDE. Within a period of two years from the Date of Issue, should the death of the Insured result from suicide, the Death Benefit will be:

1. the single premium paid; less
2. any dividend paid in cash; less
3. any Debt.

OPTION. In lieu of a single lump sum payment at death of the Insured, the Beneficiary may select from other payment options offered by Us.

DIVIDENDS

Beginning not later than the third contract year, We will, each year, review Our divisible surplus to determine the share, if any, to credit to this contract as a dividend. Any dividend will be credited on the Anniversary at the end of the contract year of determination.

You may, by Notice, choose or change one of the following options. Any change will apply only to dividends credited after the Notice date. If You do not choose an option within 60 days from the date We send notice of dividend, the dividend will be credited under option 2.

Option 1 – Cash. The dividend will be paid to You in cash.

Option 2 – Additions. The dividend will be applied as a net single premium to buy participating, paid-up, whole life insurance for the Insured. The amount of paid-up insurance will be determined: (a) at the sex and then Age of the Insured; (b) at the Premium Class shown on page 3; and (c) using Our then table of net single premium rates. The cash value of the additions, at any time, will not be less than the greater of: (a) the then net single premium for the additions; or (b) the sum of the dividends used to purchase the additions.

Option 3 – Accumulate. We will hold the dividend on deposit at annual, compound, interest. The interest rate will not be less than 1%. Interest will be credited each year on the Anniversary date.

You may withdraw all or part of the cash value of any additions or accumulation at any time. Any portion of the cash value used as security for Debt may not be withdrawn; however, if You so request, it may be applied to reduce the Debt. Interest, from the immediately prior Anniversary to the withdrawal date, will be added to amounts withdrawn at a rate of not less than 1%.

CASH VALUE

We will pay the contract Cash Value to You upon Our receipt of:

1. Your written request for payment; and
2. this contract.

The Cash Value will be:

1. the Cash Value of this contract determined from the table on page 4; plus
2. the cash value of any dividend additions or accumulation; less
3. any Debt.

In the 30 days after an Anniversary, the Cash Value, after adjustment for any Loan or dividend withdrawals after that Anniversary, will not be less than it was on that Anniversary day. After 30 days following an Anniversary, the cash value shall be calculated with allowance for lapse of time from the last preceding contract anniversary, after adjustment for any loan or dividend withdrawals after that Anniversary.

DEFERRAL. We may defer payment of the Cash Value for a period not to exceed six months from the date We receive Your request.

LOANS

This contract will be the sole security for a Loan. You may make a Loan at any time by assignment of this contract to Us. A Loan may not exceed the Loan Value. Any prior Debt will be included in and made a part of a new Loan.

LOAN VALUE. The Loan Value will be:

1. the cash value of this contract determined from the table on page 4 as of, but not beyond, the next following Anniversary; plus
2. the cash value of any dividend additions or accumulation; less
3. an amount equal to the Loan Interest that will be due on the first following Anniversary.

DEFERRAL. We may defer granting a Loan for a period not to exceed six months from the date We receive Your Loan request. Loan Interest will not be charged during a deferral period. We will not defer a Loan made solely for payment of a premium due Us.

LOAN INTEREST. A Loan will bear annual, accrual, interest at a compound rate of 8.0% per year. Interest will be due, each year, on the contract Anniversary. Interest due on the Anniversary first following the Loan date will be determined from the Loan date. If not paid when due, the Interest will be added to the Debt and become a part thereof.

REPAYMENT. Debt may be repaid at any time: (a) during the lifetime of the Insured; and (b) while this contract is in full force and effect. Payment may be in whole or in part. Debt will be automatically repaid as a part of: (a) the payment of the Death Benefit; or (b) any settlement of this contract.

TERMINATION. We may terminate this contract when Debt equals or exceeds:

1. the contract cash value determined from the table on page 4; plus
2. the cash value of any dividend additions or accumulation.

We will send notice of any such termination: (a) to You and any assignee of record at Our last address of record; and (b) not less than 30 days prior to the termination date. The notice will include the minimum payment amount required to continue this contract in force.

THE CONTRACT

ENTIRE CONTRACT. The entire contract, between You and Us, will consist of:

1. this contract including the attached copy of the Application;
2. any Amendment or Endorsement attached to this contract;

3. any later attached copy of an application for contract change;
4. Our Charter, Constitution and Bylaws. These documents will govern and control this contract at all times. Any duly enacted change, addition or amendment of the documents, which is effective after the Date of Issue, will: (a) be binding and will, thereafter, govern and control this contract; and (b) not reduce or destroy any benefit provided by this contract on its Date of Issue.

REPRESENTATIONS. We consider all statements made in the Application representations and not warranties.

INCONTESTABLE. Except as set forth below, we will not contest this contract after it has been in force, during the lifetime of the Insured, for a period of two years from its Date of Issue. No statement other than a material misstatement in the Application will be used to contest this contract.

We may contest any material misstatement in any later application for contract change for a period of two years from the change date.

MODIFICATION OR CHANGE. You may modify or change this contract with the written consent of Our President or Secretary. No agent or other person has authority to: (a) modify or change this contract; or (b) waive any of the contract terms or provisions.

INCORRECT AGE OR SEX. We may, at any time, adjust the benefits provided by this contract if the Insured's date of birth or sex is not correctly stated in the Application. The adjusted benefits will be:

1. as provided by the single premium paid at the correct date of birth or sex; and
2. determined from the rate table used for this contract on its Date of Issue.

MAINTENANCE OF SOLVENCY. We may not change the benefits or single premium for this contract. Should an emergency arise which will impair Our solvency, We will, in accordance with applicable law, determine a fair share of the deficiency, if any, for this contract. You will not be personally responsible for the share; the share will be against the equity of this contract.

You may pay the share of the deficiency in cash. If not paid, the share will:

1. stand as a lien against this contract;
2. bear compound interest at an annual rate of not more than 5.0% per year; and
3. be deducted from any benefit payable.

In lieu of or in combination with the lien, You may request a reduction in benefits proportionate to the amount of the lien.

SUSPENSION OR EXPULSION. Should We suspend or expel the Insured from membership, You may continue this contract in force; except, when suspension or expulsion results from: Our termination of this contract, during its contestable period, for a material misrepresentation in the Application.

RIGHTS, PRIVILEGES AND RESPONSIBILITIES

MEMBERSHIP. The rights, privileges and responsibilities of Our members are stated in Our Charter, Constitution and Bylaws. Such are:

1. personal to Our members;
2. not subject to transfer or assignment; and
3. separate from contract ownership.

CHANGE OF BENEFICIARY. You may change the Beneficiary by Notice. An irrevocable Beneficiary must consent to any later change. A change may be made:

1. during the lifetime of the Insured; and
2. while this contract is in full force and effect.

Any benefit We paid or action taken prior to Our receipt of Notice will not be affected. Upon Our receipt, the Notice will be effective on the later of:

1. the Notice signing date; or
2. the date, if any, requested in the Notice.

DEATH OF BENEFICIARY. Unless You provide otherwise, the interest of a Beneficiary in this contract ends at death when death occurs prior to the death of the Insured.

CHANGE OF OWNER. You may, at any time during the lifetime of the Insured, by Notice:

1. name a new contract owner; or
2. when You are other than the Insured, name or change a designee to become owner in the event of Your death prior to that of the Insured. In the absence of a designee, the Insured will be the owner in the event of Your prior death.

Any benefit paid or action taken prior to Our receipt of Notice will not be affected. Upon Our receipt of Notice, the Notice will be effective on the later of:

1. the Notice signing date; or
2. the date, if any, that You request in the Notice.

ASSIGNMENT. You may, in writing, assign all or specific rights or benefits in this contract. An assignment will not take effect until it is filed with Us. When so filed, it will be effective as of its signing date, unless otherwise specified by the owner, subject to any payments made or actions taken by Us prior to receipt of this Notice. We assume no responsibility for the validity or effect of any assignment. Assignments may be restricted by Us if the assignment is not permissible under applicable laws or regulations.

GOVERNING LAW. This contract is subject to the laws of the state in which it was delivered. If part of it does not follow the law, it will be treated as if it did. Such law will, at all times, govern Our and Your rights and responsibilities and those of all others who may make a claim against this contract.

* * * * *

ATTACH
Copy of the Application
Any Amendment or Endorsement

First **Catholic** Slovak
Ladies **Association**
of the United States of America

A Fraternal Benefit Society – Since 1892
[24950 Chagrin Boulevard, Beachwood Ohio 44122]
[Telephone: (216) 464-8015]

WHOLE LIFE INSURANCE CONTRACT

SINGLE PREMIUM

Death Benefit in the event of the death of the Insured while this contract is in force.
Schedule of Benefits and Premiums and Maturity Date on page 3.
Participating.

TABLE OF CASH VALUES

The Cash Values for this contract are based on the Insured's Age and the Insured's sex and Premium Class shown on page 3. At any time during a contract year, the Cash Value is determined with due allowance for the time elapsed in the year.

The Cash Values shown in the following table: 1. are for each \$1,000 of Face Amount of insurance; 2. are on the Anniversary nearest the birthday on which the Insured attains the ages shown; 3. are exclusive of any dividends; and 4. assume that there is no Debt.

Cash Values Per \$1,000 Face Amount Issue Ages 16 and Over

					Male		Female				Male		Female				Male		Female	
					Age	Non-smoker	Smoker	Non-smoker	Smoker	Age	Non-smoker	Smoker	Non-smoker	Smoker	Age	Non-smoker	Smoker	Non-smoker	Smoker	
					30	172	212	152	191	60	468	529	417	490	90	867	879	821	840	
					31	178	219	158	198	61	482	542	429	502	91	874	885	831	847	
					32	185	226	164	205	62	496	556	441	515	92	881	891	842	855	
					33	191	233	169	212	63	510	569	454	527	93	888	897	853	864	
					34	198	241	176	219	64	524	582	467	540	94	895	902	863	873	
					35	205	249	182	227	65	539	595	480	553	95	900	907	873	881	
					36	212	258	188	235	66	553	608	494	566	96	906	911	881	888	
					37	220	267	195	243	67	567	620	507	578	97	911	915	888	894	
					38	228	276	202	251	68	582	633	521	591	98	916	920	893	898	
					39	236	285	209	260	69	597	646	535	605	99	920	923	899	903	
					40	244	294	217	268	70	611	659	549	618	100	925	927	906	909	
					41	253	304	224	278	71	626	672	563	631	101	928	930	913	915	
					42	262	314	232	287	72	641	686	578	644	102	932	933	919	920	
					43	271	324	241	297	73	656	699	592	657	103	935	936	925	926	
					44	280	335	249	307	74	671	711	607	669	104	939	939	931	931	
					45	290	345	258	317	75	686	724	621	682	105	942	942	936	936	
					46	300	356	267	327	76	700	737	636	694	106	945	945	941	941	
					47	310	367	276	338	77	715	750	640	707	107	948	949	946	946	
					48	320	378	286	349	78	729	762	665	719	108	952	952	950	950	
					49	331	390	295	360	79	743	774	679	731	109	954	955	953	953	
					50	342	402	305	372	80	757	786	694	743	110	957	957	957	957	
					51	354	414	315	383	81	770	797	708	755	111	960	960	960	960	
					52	365	426	326	394	82	783	808	723	767	112	963	963	962	963	
					53	377	439	337	406	83	795	818	736	777	113	965	966	965	965	
					54	390	451	347	418	84	807	829	750	788	114	968	968	968	968	
					55	402	464	358	430	85	818	838	763	798	115	970	970	970	970	
					56	415	477	370	442	86	829	848	775	807	116	973	973	973	973	
					57	428	490	381	454	87	840	857	788	816	117	975	975	975	975	
					58	441	503	393	466	88	849	865	800	825	118	977	977	977	977	
					59	454	516	405	478	89	858	872	811	833	119	979	979	979	979	
															120	981	981	981	981	
															121	1000	1000	1000	1000	

TABLE OF CASH VALUES

The Cash Values for this contract are based on the Insured's Age and the Insured's sex and Premium Class shown on page 3. At any time during a contract year, the Cash Value is determined with due allowance for the time elapsed in the year.

The Cash Values shown in the following table: 1. are for each \$1,000 of Face Amount of insurance; 2. are on the Anniversary nearest the birthday on which the Insured attains the ages shown; 3. are exclusive of any dividends; and 4. assume that there is no Debt.

Cash Values Per \$1,000 Face Amount Issue Ages 0-15

<u>Age</u>	<u>Male</u>	<u>Female</u>	<u>Age</u>	<u>Male</u>	<u>Female</u>	<u>Age</u>	<u>Male</u>	<u>Female</u>	<u>Age</u>	<u>Male</u>	<u>Female</u>
0	64	54	30	178	156	60	476	423	90	868	822
1	66	56	31	184	162	61	490	435	91	875	832
2	68	57	32	190	167	62	504	447	92	882	843
3	70	59	33	197	174	63	518	460	93	889	853
4	73	62	34	204	180	64	532	473	94	895	864
5	75	64	35	211	186	65	546	486	95	901	873
6	78	66	36	219	193	66	560	499	96	906	881
7	81	69	37	226	200	67	574	513	97	911	888
8	84	71	38	234	207	68	588	526	98	916	893
9	87	74	39	243	214	69	603	540	99	921	899
10	91	77	40	251	222	70	617	554	100	925	906
11	94	79	41	260	229	71	632	568	101	928	913
12	97	82	42	269	237	72	646	582	102	932	919
13	101	85	43	278	246	73	661	596	103	935	925
14	105	88	44	288	254	74	676	611	104	939	931
15	108	92	45	297	263	75	690	625	105	942	936
16	112	95	46	307	272	76	704	639	106	945	941
17	116	98	47	318	282	77	719	654	107	948	946
18	120	102	48	328	291	78	733	668	108	952	950
19	124	106	49	339	301	79	746	682	109	955	953
20	128	109	50	350	311	80	760	697	110	957	957
21	132	113	51	362	321	81	773	711	111	960	960
22	136	117	52	374	332	82	785	725	112	963	962
23	141	122	53	386	343	83	797	738	113	965	965
24	146	126	54	398	354	84	809	752	114	968	968
25	151	131	55	410	365	85	820	764	115	970	970
26	156	135	56	423	376	86	831	777	116	973	973
27	161	140	57	436	387	87	841	789	117	975	975
28	166	145	58	449	399	88	851	801	118	977	977
29	172	151	59	462	411	89	860	812	119	979	979
									120	981	981
									121	1000	1000

ACTUARIAL BASIS. The above Cash Values are based on: (a) the 2001 CSO Mortality Tables and compound annual interest at 4.0% per year; (b) age at nearest birthday; and (c) continuous functions. On any Anniversary the Cash Value is equal to the present value of future benefits. The Cash Values are not less than as may be required by law. A statement, including the basis for calculations, has been filed with the state where this contract was delivered.

State:	Arkansas	Filing Company:	First Catholic Slovak Ladies Association of the United States of America
TOI/Sub-TOI:	L07I Individual Life - Whole/L07I.111 Single Premium - Single Life		
Product Name:	FCSLASPWL0412		
Project Name/Number:	FCSLASPWL0412/		

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:	readabiity certificates		
Attachment(s):			
Readability SPWL0412.PDF			
Readability SPWL0412-Ad.PDF			
SPWL0412-Ju.PDF			

		Item Status:	Status Date:
Satisfied - Item:	Application		
Comments:	Informational copy of the life insurance application Form No. APP-2005-AR		
Attachment(s):			
FCSLA Life App 2005-AR.PDF			

		Item Status:	Status Date:
Satisfied - Item:	Authorization to file		
Comments:	Authorization to file		
Attachment(s):			
FCSLA Authorization to file.PDF			

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability		
Comments:	Statement of Variability		
Attachment(s):			
Stmnt of Variability SPWL0412.PDF			

		Item Status:	Status Date:
Satisfied - Item:	Certification of Compliance w/AR Code 23-79-138		

SERFF Tracking #:	BBLB-128656063	State Tracking #:		Company Tracking #:	FCSLASPWL0412
State:	Arkansas	Filing Company:	First Catholic Slovak Ladies Association of the United States of America		
TOI/Sub-TOI:	L07I Individual Life - Whole/L07I.111 Single Premium - Single Life				
Product Name:	FCSLASPWI0412				
Project Name/Number:	FCSLASPWI0412/				
Comments:	Certification of Compliance w/AR Code 23-79-138				
Attachment(s):					
AR Rule 19 compliance.PDF					
				Item Status:	Status Date:
Satisfied - Item:	Certification of Compliance with Bulletins 6-78 & 11-88				
Comments:	Certification of Compliance with Bulletins 6-78 & 11-88				
Attachment(s):					
AR Bulletin compliance.PDF					

READABILITY CERTIFICATION

A. Form
Whole Life Insurance Contract, Single Premium

Form No.
SPWL0412

- ☐ Forms listed, policy and its related forms, have been scored as one unit, score shown in D, below, is a combined score.
- ☒ Score shown in D, below, is for the form listed.

B. ☒ Test applied to entire form.

- ☐ Test was applied on a sample basis. Copy of form enclosed indicating text samples scored.

C. Standard for certification. A checked block indicates the standard has been achieved.

All Forms

- ☒ the form achieves the required minimum Flesch reading ease score in accordance with the option chosen in A above.
- ☒ the form, except for specification pages, schedules and tables, is printed in not less than 10 point type, one point leaded.
- ☒ the layout and spacing of the form separates the paragraphs from each other and from the border of the paper.
- ☒ the section titles are captioned in bold face or otherwise stand out significantly from the text.
- ☒ unnecessarily long, complicated or obscure words, sentences, paragraphs or constructions are not used in the form.

Policy Forms Only

- ☒ the style arrangement and overall appearance of the policy give no undue prominence to any portion of the policy or to any endorsements or riders.
- ☒ a table of contents or an index of the principal sections is included in the policy.

D. Flesch Scale Readability Score 62.751

Number of:
Sentences: 138

Words: 3,291


Syllables: 4,662

Ratio of:
Words to Sentences: 24.206

Syllables to Words: 119.878

Bruce and Bruce Company

Consulting Actuaries for: First Catholic Slovak Ladies Association of the U.S.A. Date August 1, 2012



By: _____
Jerry L. Alexander, Authorized Consultant



Secretary

READABILITY CERTIFICATION

A. Form
Cash Value Insert Page 4

Form No.
SPWL0412-Ad

☐ Forms listed, policy and its related forms, have been scored as one unit, score shown in D, below, is a combined score.

☒ Score shown in D, below, is for the form listed.

B. ☒ Test applied to entire form.

☐ Test was applied on a sample basis. Copy of form enclosed indicating text samples scored.

C. Standard for certification. A checked block indicates the standard has been achieved.

All Forms

☒ the form achieves the required minimum Flesch reading ease score in accordance with the option chosen in A above.

☒ the form, except for specification pages, schedules and tables, is printed in not less than 10 point type, one point leaded.

☒ the layout and spacing of the form separates the paragraphs from each other and from the border of the paper.

☒ the section titles are captioned in bold face or otherwise stand out significantly from the text.

☒ unnecessarily long, complicated or obscure words, sentences, paragraphs or constructions are not used in the form.

Policy Forms Only

☐ the style arrangement and overall appearance of the policy give no undue prominence to any portion of the policy or to any endorsements or riders.

☐ a table of contents or an index of the principal sections is included in the policy.

D. Flesch Scale Readability Score 70.559

Number of:
Sentences: 14

Ratio of:
Words to Sentences: 12.571

Words: 176

Syllables to Words: 1.460

Syllables: 257

Bruce and Bruce Company

Consulting Actuaries for: First Catholic Slovak Ladies Association of the U.S.A. Date August 1, 2012

By: 

Jerry L. Alexander, Authorized Consultant



Secretary

TABLE OF CASH VALUES

The Cash Values for this contract are based on the Insured's Age and the Insured's sex and Premium Class shown on page 3. At any time during a contract year, the Cash Value is determined with due allowance for the time elapsed in the year.

The Cash Values shown in the following table: 1. are for each \$1,000 of Face Amount of insurance; 2. are on the Anniversary nearest the birthday on which the Insured attains the ages shown; 3. are exclusive of any dividends; and 4. assume that there is no Debt.

Cash Values Per \$1,000 Face Amount Issue Ages 0-15

<u>Age</u>	<u>Male</u>	<u>Female</u>	<u>Age</u>	<u>Male</u>	<u>Female</u>	<u>Age</u>	<u>Male</u>	<u>Female</u>	<u>Age</u>	<u>Male</u>	<u>Female</u>
0	64	54	30	178	156	60	476	423	90	868	822
1	66	56	31	184	162	61	490	435	91	875	832
2	68	57	32	190	167	62	504	447	92	882	843
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19	124	106	49	339	301	79	746	682	109	955	953
20	128	109	50	350	311	80	760	697	110	957	957
21	132	113	51	362	321	81	773	711	111	960	960
22	136	117	52	374	332	82	785	725	112	963	962
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25	151	131	55	410	365	85	820	764	115	970	970
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									120	981	981
									121	1000	1000

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First **Catholic** Slovak
Ladies **Association**
OF THE UNITED STATES OF AMERICA

LIFE INSURANCE APPLICATION

PLEASE PRINT - Use Black Ink Only

A Fraternal Benefit Society

24950 Chagrin Boulevard, Beachwood, OH 44122 1-800-464-4642

Is the applicant a member of the First Catholic Slovak Ladies Association? Yes ☐ No ☐ If not, apply for membership.

Branch # _____ Location _____ Certificate # _____

1. Proposed Insured

Name: _____
Address: _____
Maiden Name if Female: _____
Driver's License Number: _____

Height: _____ Weight: _____
Telephone # (____) _____
Date of Birth: ____/____/____ Sex: ____
Place of Birth: _____
Social Security Number: ____/____/____

2. Plan of Insurance, Benefits, and Riders

Plan Name/Type: _____ Face Amount: _____
Additional Benefits/Riders: _____ Amount Paid with Application: \$ _____
Mode: ____ Annual ____ Semi-Annual ____ Quarterly ____ Monthly ____ Single Modal Premium: \$ _____
CERTIFICATE TO BE DATED: ____/____/____ Automatic Premium Loan? ____ Yes ____ No
Dividend option, if participating: (check one)
____ Purchase Dividend Additions ____ Accumulate ____ Cash ____ Reduce Premium

3. Owner Information (if other than Proposed Insured)

Name: _____ Relationship to Proposed Insured: _____
Address: _____ Social Security Number: _____
Telephone # (____) _____

4. Beneficiary Designation (if more space is needed use an additional sheet. Date, sign and attach to this application.)

Name	Relationship to Proposed Insured	Date of Birth	Social Security #	Share
Primary:				
Contingent:				

5. Existing Life Insurance Information

Other Life Insurance in force? ____ Yes ____ No If Yes, total amount: \$ _____
Are other applications pending with any insurer? ____ Yes ____ No
Will this application change or replace any existing life insurance or annuity? ____ Yes ____ No
If Yes, List the insurer and the policy number. _____

6. Health History, Current Health, Personal Physician Information

- a) Has the Proposed Insured used tobacco in any form during the past 12 months? ____ Yes ____ No
- b) In the last five years, has the Proposed Insured received, or is the Proposed Insured now receiving, medical or surgical care or treatment for: cancer, tumor or malignancy; diabetes, heart or circulatory disease or disorder; high blood pressure; alcohol or drug abuse; enlarged lymph nodes; stroke; epilepsy, mental or nervous disease or disorder; or, disease of the blood, kidneys, liver, lung, stomach or intestines? ____ Yes ____ No
- c) Has the Proposed Insured ever been treated or diagnosed by a physician for Acquired Immune Deficiency Syndrome (AIDS); Aids Related Complex (ARC); or positive HIV test? ____ Yes ____ No
- If 'Yes' to any item(s) above, circle condition(s) and give details, including dates and name, address & phone number of each doctor. If additional space is needed, use a separate sheet. Date, sign and attach to this application.
- d) To the best of your knowledge and belief, is the Proposed Insured now in good health and free from any defect or impairment? ____ Yes ____ No
- If 'No', list details. If additional space is needed, use a separate sheet. Date, sign and attach to this application.

The First Catholic Slovak Ladies Association of the USA
Beachwood, OH 44122

FRAUD WARNING

Any person who knowingly or with intent to defraud presents a false or fraudulent claim for payment of a loss or benefit or knowingly or with intent to defraud presents false information in an application for insurance, is guilty of a crime and may be subject to fines and confinement in prison.

Having read the preceding statements and answers, I represent that they are true and complete to the best of my knowledge and belief. I understand that this application shall be the basis for and a part of any contract issued; and no agent or person other than an executive officer of the Association may; change or modify any of the printed statements included herein; or, waive any of the Association's rights or requirements.

It is understood and agreed, no insurance shall take effect unless and until: this application is approved at our Home Office; a contract is issued, delivered to and accepted by its owner; and, the first full premium for the contract is paid. All such must occur while the health and other factors affecting the insurability of the Proposed Insured remain as described in this application.

Signed at: City, State

Date

Proposed Insured's Signature

(Parent or Guardian if Applicant is under age 16)

Proposed Owner's Signature (If other than Proposed Insured)

Agent/Witness Signature

License ID#

Agent/Witness Printed Name

License ID#

MEDICAL INFORMATION BUREAU
(MIB)

Notice to Applicant

Information regarding your insurability will be treated as confidential. The First Catholic Slovak Ladies Association of the USA or its reinsurer(s) may, however, make a brief report thereon to the Medical Information Bureau (MIB), a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another Bureau member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, the Bureau, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, the Bureau will arrange disclosure of any information it may have in your file. If you question the accuracy of information in the Bureau's file, you may contact the Bureau and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act. The address of the Bureau's information office is Post Office Box 105, Essex Station, Boston, Massachusetts 02112, telephone number (617) 426-3660.

The First Catholic Slovak Ladies Association of the USA or its reinsurers, may also release information in its file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

AUTHORIZATION

I AUTHORIZE any of the following that have any records or information regarding the Proposed Insured, including driving records or controlled substance or alcohol abuse, to provide such records or information to The First Catholic Slovak Ladies Association of the USA, its legal representative(s), or its reinsurer(s): (1) any licensed physician or medical practitioner; (2) any hospital or clinic, medical or medically related facility; or (3) the Medical Information Bureau, consumer reporting agency or other such organization, insurer or reinsurer, employer, institution, government agency or person.

I UNDERSTAND THAT: (1) on request, I may receive a copy of this authorization; and (2) the information obtained by use of this authorization will be used: (a) to determine the eligibility of the Proposed Insured for insurance, or (b) to determine eligibility for benefits in the event of a claim.

I AGREE that this authorization, or a copy, shall be valid for a period of 24 months from the date shown below.

Printed Name of Proposed Insured

Date

Signature of Proposed Insured (Parent or Guardian if Applicant is under age 16)

Agent/Witness

Fieldworker/Recommender's Interrogatory

To the best of your knowledge and belief, will the insurance now applied for replace or change any insurance or annuity? ____Yes ____No

Signature of Fieldworker/Recommender/Agent License ID#

Fieldworker/Recommender/Agent Printed Name License ID#

DO NOT WRITE ON THIS PAGE - FOR HOME OFFICE USE ONLY.

Office of the Medical Examiner

Instructions:

I hereby approve this application.

FCSLA Medical Examiner

Date

Certificate Mailed to: ____Branch ____Owner ____Insured ____Other:_____

Date Mailed: _____ By: _____

FIRST CATHOLIC SLOVAK LADIES ASSOCIATION
Of the United States of America
A Fraternal Benefit Society
Cleveland Ohio 44122

AUTHORIZATION

Bruce and Bruce Company, Consulting Actuaries, 916 Sherwood Drive, Lake Bluff, Illinois 60044-2284, is hereby authorized to file insurance and insurance related forms on behalf, of the First Catholic Slovak Ladies Association of the United States of America. Bruce and Bruce Company is also authorized to represent the First Catholic Slovak Ladies Association of the United States of America, by telephone, FAX or letter or email, in matters relating to such filings.

Date: March 22, 2012

Alice Ann M. Serch
SECRETARY

**FIRST CATHOLIC SLOVAK LADIES ASSOCIATION
Of the United States of America**

Statement of Variability
Form SPWL0412

Page 1

Address and phone number may change if Society moves.
Website may be changed.
Society officers may change if the convention elects new officers.

Page 3

Single Premium Payable: Determined by the premium class, insured's age and insured's sex.
Beneficiary: Owner specifies beneficiary in the life insurance application.
Insurance Department: State of issue.
Insurance Department Telephone Number: corresponds to State listed.
Insured: Identified on the application.
Age/Sex: Provided by the Insured on the application.
Premium Class: Determined by Society Underwriting Section. Will be standard or substandard, nonsmoker or smoker. Substandard tables are Table A through Table P.
Single Premium: Determined by Insured's age, sex, nonsmoker or smoker status. When issued as a substandard policy, there is an extra premium added to the standard premium.
Branch No.: Determined by location of the Insured.
Contract Number: assigned by the Society.
Face Amount: The Owner chooses the amount of insurance, subject to underwriting. The minimum amount is \$2,000.
Date of Issue: Effective date of the contract.
Date of Maturity: contract anniversary nearest age 121.
Branch Location: Determined by the Insured's Branch number.

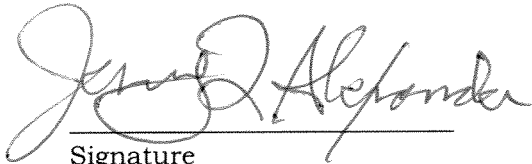
Page 10

Address, telephone number and website may change.

First Catholic Slovak Ladies Association of the
United States of America

Certification Regarding Rule 19

On behalf of the First Catholic Slovak Ladies Association of the United States of America I
certify that the Forms submission meets the requirements of Rule 19, as well as all applicable
requirements of the Department.

A handwritten signature in cursive script, appearing to read "Janet Q. Alexander", written over a horizontal line.

Signature
Authorized Consultant

8-15-2012
Date

First Catholic Slovak Ladies Association of the
United States of America

Compliance with Arkansas Code 23-79-138 and Bulletins 6-87 and 11-88.

On behalf of the First Catholic Slovak Ladies Association of the United States of America I
certify the Association will comply with Arkansas Code 23-79-138 as well as Bulletins 6-87 and
11-88.



Signature
Authorized Consultant



Date